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United Nations Population Fund

Country programme document for the Gambia

Proposed indicative UNFPA assistance:	$16.1 million: $4.8 million from regular resources and $11.3 million through co-financing modalities and/or other resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Eighth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $): 16.1

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.5	4.0	6.5
Outcome 2	Adolescents and youth	1.7	7.3	9.0
Programme coordination and assistance		0.6	0.0	0.6
Total		4.8	11.3	16.1

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I. Situation analysis

1. With an estimated population of 1.9 million and an estimated growth rate of 3.3 per cent per annum, the Islamic Republic of the Gambia is the smallest and one of the most densely populated African countries, with 176 people per square kilometre and 60 per cent of the population living in the greater Banjul area. With 64 per cent below age 25 and 42 per cent below age 15, the population is expected to double in two decades. Rapid population growth rate results from high fertility, estimated at 5.6 children per woman in 2013, and declining mortality rates. The under-five mortality rate declined from 89 deaths per 1,000 live births in 1999 to 63 per 1,000 live births in 2013. With its youthful population, the country will reap a demographic dividend if properly supported.

2. Despite an average increase of total gross domestic product by 3.9 per cent in the past three years and a decrease in the percentage of Gambians living in extreme poverty from 58 to 40 per cent over the last 12 years, the Gambia ranks 175 out of 188 countries on the 2015 human development index. With a national unemployment rate of 29 per cent (20.9 per cent among males and 38.3 per cent among females), youth aged between 15 and 24 bear the brunt, suffering extreme unemployment at 44.3 per cent. Rural households are twice as likely to be poor (73.9 per cent) as urban ones (32.7 per cent). Poverty combined with lack of opportunity, low resilience in rural areas and climate change hazards, such as drought and flooding, have resulted in rural exodus and unsafe migration to Europe, with 8,454 Gambians arriving by sea in Italy in 2015.

3. Although still high, maternal mortality declined from 730 per 100,000 live births in 2001 to 433 per 100,000 live births in 2013. Maternal mortality was largely due to teenage pregnancy, limited access to skilled birth attendants (57.2 per cent), and low quality of emergency obstetric and neonatal care services. Only four out of seven secondary level health facilities provide such comprehensive services. Despite the availability of at least five modern contraceptive methods in all secondary level health facilities, the contraceptive prevalence rate is low owing to the desire, especially among men, for large families as well as to misconceptions about contraception. Only 9 per cent of married women aged 15-49 years regularly use contraceptives. The unmet need among married women is 25 per cent.

4. The national HIV prevalence rate is 1.9 per cent. The rate among youths (aged 15-24-years) is 0.2 for females and 0.5 for males (2013), with regional disparities. HIV spreads mainly through heterosexual transmission. Stigma and discrimination discourage people from seeking services, with only 3.8 per cent of males and 10.1 per cent of females aged 15-24 years, tested for HIV, having received their results in 2015.

5. Women and girls continue to be disadvantaged because of sociocultural norms and practices as well as discriminatory provisions in customary law. In 2014, the Gambia ranked 143 of 155 countries on the gender equality index, despite the closure of the gender gap in primary education. The potential of girls aged 15-19 years is hampered by early marriage (23.8 per cent), with 18 per cent giving birth, resulting in forced departures from school, despite laws prohibiting the withdrawal of girls for the purpose of marriage. Limited access to reproductive health information and youth-friendly health services contributes to the phenomenon, and twice as many girls aged 1519 years become pregnant in rural areas than girls in urban areas (24 per cent versus 12 per cent). The only national survey undertaken on obstetric fistula estimated the total number of cases at 197 in 2006. However, in light of a nationwide fistula treatment project (110 repairs from 2010 to 2015) and the stigma surrounding the condition, the incidence is likely much higher.

6. The Government has enacted a variety of laws and policies to combat gender-based violence. The prevalence of all forms of female genital mutilation in the country is 76 per cent among women aged 15-19 years, though there are regional variations. The Government legally banned female genital mutilation in December 2015, in an effort to scale up efforts to promote its abandonment, especially in light of the reported 65 per cent of females aged 15-49 years who believed the practice should continue.

II. Past cooperation and lessons learned

7. The previous country programme (2012-2016) focused on: (a) reproductive health and rights; (b) population and development; and (c) gender, with a cross-cutting issue of youth. UNFPA supported marginalized and vulnerable groups countrywide, especially the poorest women, youth and adolescents, living in hard-to-reach rural areas in the Lower River and Central River regions.

8. For reproductive health and rights, the programme, in collaboration with the Ministry of Health and Social Welfare and civil society organizations, has improved access to high-quality sexual and reproductive health services. The programme: (a) developed national guidelines on maternity care and adolescent sexual and reproductive health, death audit tools, referral protocols, and a reproductive health commodity security strategic plan; (b) supplied over 90 per cent of contraceptives in the national supply chain and increased the method mix from five to twelve commodities; (c) refurbished two health facilities, including their operation theatres; (d) procured medical equipment and vehicles for 15 public health facilities; (e) provided HIV test kits and support to expand the prevention of the mother-to-child transmission programme under the joint United Nations HIV/AIDS programme; and (f) piloted a community-based project that linked women's economic empowerment and increased access to sexual and reproductive health services. However, sociocultural barriers to the uptake of contraceptives and provision of youth-friendly sexual and reproductive health services continue to be a social challenge, as is mobilizing resources for fistula repairs.

9. In the area of population and development, the programme: (a) successfully carried out the 2013 population and housing census using geographic information system technology for mapping and the first ever government-led demographic and health survey; and (b) introduced a web-based databank for social and economic indicators disaggregated by gender. However, limited resources are available for in-depth population studies and the Government has no national strategy for the development of statistics.

10. In terms of gender equality, the programme successfully advocated for a number of interventions in partnership with the United Nations Children's Fund (UNICEF), the Office of the Vice-President, the Women's Bureau and civil society organizations. The programme: (a) promoted the public abandonment of female genital mutilation by 507 communities and 64 former circumcisers; (b) reinforced enactment of the 2013 Sexual Offences Act and the Domestic Violence Act; (c) re-enforced the Police Training School through the creation of a gender unit that trained 180 officers on gender-based violence; and (d) supported enactment of the 2015 Women's Amendment Act criminalizing female genital mutilation. However, the Government lacks sufficient capacity to coordinate gender-related activities, especially for gender-based violence and female genital mutilation.

11. In the cross-cutting area of youth, the programme: (a) disseminated national guidelines on adolescent sexual and reproductive health services to regional health care providers; (b) trained 105 youth peer educators; and (c) established two youth-friendly multi-purpose resource centres to enhance adolescent sexual and reproductive health service delivery. However, there remains limited institutional capacity for youth structures to operate according to World Health Organization (WHO) standards. Additionally, the discontinuation of the comprehensive sexuality education programme has left a vacuum of reproductive health teaching in schools.

12. Lessons learned include findings that: (a) women's economic empowerment offers a strong entry point for promoting sexual and reproductive health; (b) increased public awareness on gender-based violence greatly improves willingness to report cases; (c) involvement of males in gender and reproductive health issues leads to an increase in sexual and reproductive health service uptake; and (d) leveraging partner support and comparative advantage is crucial to address the multi-faceted issues affecting youth.

III. Proposed programme

13. The new programme aims to support national efforts to capture a demographic dividend through high impact investments in sexual and reproductive health and the elimination of gender-based violence that hinder the potential of adolescents and youth, especially girls, to contribute to poverty reduction. Aligned with the national development plan, 2017-2021, the United Nations Development Assistance Framework, 2017-2021, and the Sahel regional response plan, – all guided by the Sustainable Development Goals – the programme will mainly target highly vulnerable women and youth in the Lower River, North Bank, Central, and Upper River regions.

A. Outcome 1: Sexual and reproductive health

Output 1: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives, and offer improved quality family planning services that are free of coercion, discrimination and violence. The following strategies will be adopted to: (a) support the development and dissemination of tools and guidelines on integrated sexual and reproductive health, HIV, family planning, maternal health, midwifery and fistula for programme planning and service delivery; (b) formulate a revised national family planning policy; (c) strengthen family planning services and reproductive health commodity security through demand generation and systems strengthening at regional and community level; (d) upgrade youth centre service quality to meet World Health Organization guidelines for adolescent sexual and reproductive health, including HIV; (e) training of service providers on adolescent sexual and reproductive health; and (f) strengthening national capacity to develop emergency preparedness plans, including the supply and provision of emergency reproductive health kits in humanitarian settings.

14. Output 2: Strengthened national capacity to deliver high-quality basic and comprehensive maternal health and emergency services. The programme aims to: (a) strengthen the national midwifery programme, including midwifery schools, to improve the continuum of care for maternal and newborns; (b) strengthen the capacity of service providers to provide high-quality maternal health care; (c) institutionalize maternal death audits and reviews in all hospitals and secondary level health facilities; (d) reinforce sexual and reproductive programme planning and services; (e) support the national statistics system to generate evidence on health issues through in-depth analysis of survey and census data; (f) build government capacity to use sex and age disaggregated data for planning and decision-making; and (g) strengthen national capacity in fistula programming.

B. Outcome 2: Adolescents and youth

15. Output 1: Increased national capacity to conduct evidence-based advocacy and capacity building interventions to incorporate adolescents and youth sexual and reproductive health needs in national laws, policies and programmes. The programme aims to: (a) conduct population research and analyses to identify best options for harnessing the power of youth for a demographic dividend; (b) operationalize the national strategy for the development of statistics to ensure provision of timely and accurate data; and (c) partner with other stakeholders for integrated programming, including services and education to build youth resilience against the threat of radicalization.

16. Output 2: Increased national capacity to design and implement community and school-based sexuality education programmes that promote human rights and gender equality. The programme aims to: (a) review and update community and school-based sexuality education curricula in schools to meet international standards; (b) developing pre and in-service training of teachers on revised community and school-based sexuality education curriculum; (c) support and monitor an adolescent sexual and reproductive health peer education programme for in and out-of-school youth; (d) monitor uptake of sexual and reproductive health services at regional adolescent youth-friendly centres; and (e) support youth networks that promote sexual and reproductive health and rights.

Output 3: Increased national capacity to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of female genital mutilation, child marriage and gender-based violence. The programme aims to: (a) strengthen capacity of the Women's Bureau to coordinate gender-related

programmes; (b) formulate a social behavioural change communication strategy regarding gender-based violence issues; (c) promote human rights, gender equality, women's and girls' empowerment, and gender-based violence prevention and response through programmes such as the joint UNFPA and UNICEF female genital mutilation programme and integrated community sexual and reproductive health programmes; (d) support policy makers and law enforcement agents to apply policies and laws on gender-based violence; and (e) advocate for the implementation of existing laws against gender-based violence and the institutionalization of policies and programmes that engage with men and boys.

IV. Programme management, monitoring and evaluation

17. A partnership plan will guide programme implementation and enhance synergies. UNFPA will collaborate with other United Nations organizations based on comparative advantages for greater impact and to avoid duplication of efforts. The National Population Commission Secretariat is the coordinating authority and, together with Ministries of Health and Youth, will oversee programme delivery, with national execution by competitively chosen partners as the preferred implementation modality. UNFPA will expand joint programming and Delivering-as-One initiatives to maximize programme and cost effectiveness, resource mobilization, and targeted partnerships with civil society, private sector and development partners. The country office will use its donor mapping framework to guide development of a joint resource mobilization and communication strategy.

18. Basic management and development effectiveness functions, funded from the UNFPA institutional budget and bolstered by a recently introduced international staff position, will be used to support programme-funded staff providing technical and programme expertise. The country office will seek technical assistance from other country offices, the regional office and UNFPA headquarters, including through South-South cooperation in strategic areas. In the event of humanitarian crisis, UNFPA will, in consultation with the Government, re-programme funds to respond to emerging issues within the UNFPA mandate. Programme progress will be measured annually, in line with the UNFPA results-based management approach, and guided by the United Nations joint monitoring and evaluation framework.

RESULTS AND RESOURCES FRAMEWORK FOR THE GAMBIA (2017-2021)

National priority: Strengthening human capital stock, enhancing social services and reinforcing social cohesion **UNDAF outcome:** Increase equitable access to quality health for all by moving towards universal health coverage **Indicator**: Maternal mortality ratio: *Baseline: 433; Target: 263*				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Number of secondary health facilities providing comprehensive emergency obstetric and new-born care services. *Baseline: 7; Target: 9* • Percentage of deliveries by skilled birth attendants *Baseline: 62%; Target: 90%* • Contraceptive prevalence rate. *Baseline: 9%; Target: 20%*	Output 1: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence	• Existence of a national family planning policy *Baseline: No; Target: Yes* • Percentage of national health facilities with no stock-outs of modern contraceptives in the last three months *Baseline: 75%; Target: 100%* • Number of programme-supported youth centres providing services that meet WHO guidelines on youth friendly sexual and reproductive health services, including HIV *Baseline: 1; Target:* 6 • Existence of a national strategic emergency response plan that addresses sexual and reproductive health and gender-based violence *Baseline: No; Target: Yes*	The Food and Agriculture Organization of the United Nations, UNDP; UNICEF; Joint United Nations Programme on HIV/AIDS; Office of the United Nations High Commissioner for Refugees; Ministries of: Health and Social Welfare; Youth and Sports; National Planning Commission; National Bureau of Statistics; National AIDS Secretariat; National Youth Council; The Gambia Foundation for Research on Women's Health, Productivity and the Environment; The Gambia Family Planning Association; Network of Journalists on Reproductive Health, Population and Development	$2.5 million ($1.5 million from regular resources and $1 million from other resources)
	Output 2: Strengthened national capacity to deliver high quality basic and comprehensive maternal health and emergency services	• Number of secondary public health facilities, supported by the programme, that provide basic emergency obstetric and neonatal care services *Baseline: 4; Target: 14* • Existence of a functional national system for maternal death surveillance and response *Baseline: No; Target: Yes* • Number of fistula repair surgeries per year with direct support from UNFPA *Baseline: 0 Target: 150*			$4 million ($1 million from regular resources and $3 million from other resources)
National priority: Strengthening human capital stock, enhancing social services and reinforcing social cohesion **UNDAF outcome:** Institutional reforms implemented to ensure rule of law and to guarantee the protection of the human rights of all, including access to justice, gender equality, access to basic services and democratic participation in decision-making processes **Indicator**: Percentage of gross domestic product allocated for the social protection programme: *Baseline: 1.5; Target:* 3.5				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially young adolescent girls, in national development policies and programmes, particularly the increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator(s):	Output 1: Increased national capacity to conduct evidence-based advocacy and capacity building interventions to incorporate adolescents and youth sexual and reproductive health needs in national laws, policies and programmes	• Number of in-depth census thematic analytical reports and demographic and health survey reports produced and used for advocacy and programming purposes. *Baseline: 0, Target: 3*	UNICEF; United Nations Educational , Scientific and Cultural Organization; World Bank; Office of the Vice President and Women's Bureau; National Assembly of the Gambia; Ministries of: Health and Social Welfare; Youth and Sports; Basic and Secondary Education; National Planning Commission; National	$4.1 million ($1 million from regular resources and $3.1 million from other resources)
	Output 2: Increased	• Existence of updated comprehensive sexuality education		$3.1 million

• Prevalence rate of female genital mutilation *Baseline: 75%; Target: 50%* • Percentage of girls who are married before age 18 *Baseline: 59%; Target: 35%*	national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality	materials, including human rights and gender for primary and secondary schools *Baseline: No; Target: Yes* • Number of teachers with improved skills to use the updated comprehensive sexuality education materials. *Baseline: 0; Target: 250* • Number of community-based peer health educators with relevant skills to sensitize the public on sexual and reproductive health issues, including family planning. *Baseline: 0; Target: 350*	Bureau of Statistics; National Youth Council; Think Young Women; The Gambia Foundation for Research on Women's Health, Productivity and the Environment; The Gambia Committee on Traditional Practices Affecting the Health of Women and Children; Girls' Agenda; The Gambia Family Planning Association; Wassu Gambia Kafo; the Female Lawyers Association; the Nova Scotia Gambia Association	($0.5 million from regular resources and $2.6 million from other resources)
	Output 3: Increased national capacity to advocate for and deliver evidence-based programmes targeting marginalized adolescent girls, including those at risk of female genital mutilation, child marriage and gender-based violence	• Number of programme-supported institutions and civil society organizations strengthened to use evidence to advocate for social norm change on gender-based violence, including female genital mutilation, child marriage and fistula. *Baseline: 1; Target: 5* • Number of programme-supported civil society organizations with the capacity to design and implement programmes to prevent and respond to gender-based violence, including female genital mutilation, child marriage and fistula. *Baseline: 3; Target: 6* • Number of adolescent boys and girls sensitized on gender equality and gender-based violence. *Baseline: 0; Target: 20,000*		$1.8 million ($0.2 million from regular resources and $1.6 million from other resources) Total for programme coordination and assistance 0.6 million from regular resources